

THREE-DAY WRAP TRAINING APPLICATION

You will be provided lunch and classroom materials. Registration is free.
You will receive written confirmation of your registration for this event.

**** Travel, lodging, breakfast, and dinner are *not* provided. ****

Please check with your employer or other entity for financial support.

REGISTRATIONS DUE: JULY 2, 2010

CHECK ONLY ONE:

___ Register me for July 27-29, 2010 WRAP training in Spokane

___ Register me for August 17-19, 2010 WRAP training in Wenatchee

___ Register me for September 14-16, 2010 WRAP training in Mt. Vernon

___ Register me for October 12-14, 2010 WRAP training in Puyallup

___ Register me for October 26-28, 2010 WRAP training in Vancouver

PLEASE PRINT:

Name: _____

Address: _____

_____ County _____

Home Phone: _____ Cell or Work Phone: _____

Email Address: _____

PLEASE TELL US ABOUT YOUR PEER COUNSELOR TRAINING AND EMPLOYMENT STATUS:

I am a WA State certified peer counselor. YES___ NO___

I have taken the WA State approved peer counseling class and passed the exam, but I am **not** yet a certified peer counselor. YES___ NO___

I am **employed** at: (Name of Agency) _____

I am **volunteering** at: (Name of Agency) _____

Other: _____

Special Accommodations: _____

Special Dietary Needs: _____

I understand that if I register for class I will be expected to attend and complete **all three days** from **8:30am** until **4:00pm** each day. **If I do not compete all three days I will not receive a certificate.**

Signature Required _____ **Date** _____

MAIL - Attn: Molly Feather - DBHR - PO Box 45330 – Olympia WA 98504-5330 – FAX 360-586-0341

For further information contact Bonnie Staples – DBHR – 360-725-1883 or 1-888-713-6010